



SITE NAME		SBWR SERVICE NUMBER
METER ADDRESS		RETAILER ACCOUNT NUMBER
INSPECTED BY		METER NUMBER
TITLE	INSPECTION DATE	METER NUMBER
LAT.	LONG.	METER NUMBER
METER GPS COORDINATES (decimal degrees or DMS)		METER NUMBER

SITE INSPECTION REPORT

INITIAL SITE INSPECTION	INSPECTION TYPE	PROGRAM INSPECTION
<input type="checkbox"/>	ANNUAL SELF INSPECTION	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Is there evidence of recycled water runoff from this site? (If yes, please show affected area with a sketch on the back of this sheet, and estimate runoff volume).
☐ Yes ☐ No
2. Is there an odor of wastewater at this recycled water site? (If yes, indicate below).
☐ Yes ☐ No
Apparent source:
Direction of travel:
Off-site facilities impacted by odor:
3. Is there evidence of recycled water ponding? ☐ Yes ☐ No
4. Is there evidence of mosquitoes breeding within the use area due to ponded recycled water?
☐ Yes ☐ No
5. Are there breaks or leaks in the recycled water system piping or tubing on this site?
☐ Yes ☐ No
6. Are there broken, plugged or otherwise faulty drip irrigation system emitters or spray irrigation sprinklers on this site?
☐ Yes ☐ No
7. Are advisory signs, tags, stickers, above ground pipe markings, etc. posted or attached to equipment, consistent with approved site plans, to inform the public that recycled water is in use?
☐ Yes ☐ No ☐ Not Sure
8. All additional California DHS requirements in compliance or included as part of this report?
☐ Yes ☐ No ☐ Not Sure
9. Actions being taken to correct problems noted above (use additional sheets if necessary):

Note: Your designated Site Supervisor is required to complete and submit this Annual Site Observation Report. Site Supervisors are trained and certified by South Bay Water Recycling. Questions regarding training or this mandatory report? Please contact Training Coordinator • South Bay Water Recycling at 408 277-3671.

I certify that the information in this report, to the best of my knowledge, is correct and true.

CERTIFIED SITE SUPERVISOR (PLEASE PRINT OR TYPE)

CERTIFICATE NUMBER

CONTACT PHONE

CERTIFIED SITE SUPERVISOR SIGNATURE

DATE

Are you the site supervisor on record for this site?

☐ Yes

☐ No